



## **Supplemental Application Data Sheet**

### **Application Information**

**Application number::** 10/798,232  
**Filing Date::** May 11, 2004  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Title::** Robot Vacuum  
**Attorney Docket Number::** SHPR-01360USS  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 1  
**Total Drawing Sheets::** 15  
**Small Entity?::** No

### **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Charles  
**Middle Name::** E.  
**Family Name::** Taylor  
**Name Suffix::**  
**City of Residence::** Punta Gorda  
**State or Province of Residence::** Florida  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**

**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Andrew  
**Middle Name::** J.  
**Family Name::** Parker  
**Name Suffix::**  
**City of Residence::** Novato  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Shek  
**Middle Name::**  
**Family Name::** Fai Lau  
**Name Suffix::**

**City of Residence::** Foster City  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Eric  
**Middle Name::** C.  
**Family Name::** Blair  
**Name Suffix::**

**City of Residence::** San Rafael  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States

**Status::** Full Capacity  
**Given Name::** Andrew  
**Middle Name::**  
**Family Name::** ~~Haninger~~ Heninger  
**Name Suffix::**  
**City of Residence::** Novato  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United States  
**Status::** Full Capacity  
**Given Name::** Eric  
**Middle Name::**  
**Family Name::** Ng  
**Name Suffix::**  
**City of Residence::** ~~Santa Clara~~ San Leandro  
**State or Province of Residence::** California  
**Country of Residence::** United States  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**

### **Correspondence Information**

**Correspondence Customer Number::** 23910

**Phone number::** (415) 362-3800

**Fax Number::** (415) 362-2928

**Email address::** officeactions@fdml.com

### **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application Claiming the benefit under 35 USC 119(e)	60/454,934	03/14/03
	An application Claiming the benefit under 35 USC 119(e)	60/518,756	11/10/03
	An application Claiming the benefit under 35 USC 119(e)	60/518,763	11/10/03
	An application Claiming the benefit under 35 USC 119(e)	60/526,868	12/04/03
	An application Claiming the benefit under 35 USC 119(e)	60/527/021	12/04/03

	An application Claiming the benefit under 35 USC 119(e)	60/526,805	12/04/03
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### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address::**